Please type a plus sign (+) inside this box	$\rightarrow$	+
---	---------------	---

613 828 0024

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR		Attorney Docket Number	ar AP824/US		
		First Named Inventor	YEAP, Tet Hin		
		COMPLETI	E IF KNOWN		
		Application Number			
Ø 5		( October 1880)	Filing Date		
<ul> <li>✓ Declaration</li> <li>Submitted</li> <li>With Initial</li> <li>Filing</li> <li>✓ Declaration</li> <li>Submitted after Initial</li> <li>Filing (Surcharge)</li> <li>(37 CFR 1.16 (e))</li> <li>Foculined</li> </ul>		Group Art Unit			
	Examiner Name				

As a below named inventor, I he	As a below named inventor, I hereby declare that:					
My residence, mailing address, ar	My residence, mailing address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  APPARATUS FOR CONNECTING DIGITAL SUBSCRIBER LINES TO CENTRAL OFFICE						
EQUIPMENT						
	(7	litte of the Invention)				
the specification of which						
Is attached hereto						
OR		as United :	States Application t	Number or PCT International		
☐ was filed on (MM/DD/YYYY)				(if applicable).		
Application Number	and was a	mended on (MM/DD/Y)	YYY)	()		
I hereby state that I have reviewe amended by any amendment spe	d and understand the co	onlents of the above ide	entified specificatio	n, including the claims, as		
I acknowledge the duty to disclos in-part applications, material infor PCT International filling date of the	e information which is m mation which became a e continuation-in-part ap	naterial to patentability i vailable between the fil oplication.	as defined in 37 CF ing date of the prio	R 1.56, Including for continuation- r application and the national or		
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT Internation	international application also identified below.	which designated at le	east one country of	ther than the United States of allon for patent or inventor's		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Atlached? YES NO		
			CO.			
2,327,118	Canada	11/30/2000	B			
2,331,549	Canada	01/18/2001	KORI			
2,346,573	Canada	05/07/2001	ð			
☐ Additional foreign application	numbers are listed on a	supplemental priority of	iata sheet PTO/SB	/028 attached hereto:		
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United States provision	onal application(s) l	Isted below.		
Application Number(s)		e (MM/DD/YYYY)				
0/253,933	11/30/2000			al provisional application are listed on a		
0/262,058	01/18/2001			ental priority data sheet		
0/288,785	05/07/2001			02B attached hereto.		
0/311,357	08/13/2001					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO, Assistant Commissioner for Patents, Washington, DC 20231.

									$\overline{}$	t
Ploace type	۵	plus:	sign	(*)	nsida	ihie	box	ightarrow	+	

PTOISBIO1 (10-00)

Approved for use through 10:31/2002 OMB 0651-0032

U.S. Patent and Tradomark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Intermation unless it contiding a valid OMB control number

שטב	CLAR	ATION —	Jtllity	or De	esig	n Patent	Application
Direct all corresp	ondence to.	Customer Nu or Bar Code	3			ar 🗌	Correspondence address below
Name Adan	ns Cassan	Maclean		-			
Address P.O.	Box 11100	, Station H					
Addrass		······································					
City Ottav	va				Ontari State	10	K2H 7T8 ZIP
Cana	ıda		Telephon		828 00	12	(613) 828 0024 Fax
made are punish:	e true; and fu able by fine o	inther that these state	ements we oth, under	liw obem are	h lhe kn	owledge that will	ints made on information and belief ful false clatements and the like so alse statements may jeopardize the
NAME OF SO	LE OR FIR	ST INVENTOR :		Ω,	A petiti	on has been fi	led for this unsigned inventor
Given Name (first and middle)		Hìn			Family to		
Inventor's Signature	1	eaphil	105		_		Dato Nov. 20, 2001
	Ottawa			Oni State		anada Country	Canadian Citizonehip
Maliing Address	675 Roose	vell Avenue					
Mailing Address							
Ottawa City		Onta State	ario		K2 ZIP	2A 2A8	Canada Country
NAME OF SEC	OND INVE		1			on has been fi	led for this unsigned inventor
Given Name (first and middle [	Jo	hn James			Family N	lame SCHELL	ENBERG
Inventor's Signature	Ja	- Sle	L	$\sim_{j}$			Nov. 30, 2001
Residence: City	Ninnipeg			Mani Spio	toba	Canada Country	Canadian Citizonship
Mailing Address	99 Riverpo	inte Drive					
Mailing Address	·						
city Winnipeg		State Mar	nitoba	2	ne Ran	15N7	Country Canada
Additional inver	itors are being	named on the	suppleme	ntal Addition:	Invent	or(s) sheet(s) PT	O/SB/02A attached hereto.

[Page 2 of 2]

Please type a plus sign (+) inside this box	<b>→</b>
---	----------

PTO/SB/81 (10-00)

Approval for use Injough 10/31/2002. OMB 0651-0005

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, he persons are required to respond to a collection of information unless it display a valid OMB control number

POWER	OF ATT	ORNE	Y OR
AUTHOR	ZATION	V OF A	GENT

Application Number	
Filing Date	
First Named Inventor	YEAP. Tel Hin
Group Art Unit	
Exominor Namo	
Attorney Docket Number	AP824/US

Practitioners at Customer Number  OR  Practitioner(s) named below:    Name	hereby appo	oint;			
Thomas Adams Lynn S. Cassan P. Scott Maclean  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.  OR  Firm or Individual Name Address Address Address City Ottawa State Ontario Zip K2H 7T8  Country Canada Telephone  I am the: Xi Applicant/Inventor. Assignée of record of the entire interest. See 37 CFR 3,71. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/S8/96).  SIGNATURE of Applicant or Assignée of Record  Name Signature Date  NoTE: Signatures of sit the inventors or assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:	OR				umber Bar Code
Thomas Adams Lynn S. Cassan P. Scott Maclean  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.  OR  Firm or Individual Name Address Address Address City Ottawa State Ontario Zip K2H 7T8  Country Canada Telephone  I am the: Xi Applicant/Inventor. Assignée of record of the entire interest. See 37 CFR 3,71. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/S8/96).  SIGNATURE of Applicant or Assignée of Record  Name Signature Date  NoTE: Signatures of sit the inventors or assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:		Name		Registration N	Number
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name Address Address P.O. Box 11100, Station H  Address City Ottawa State Ontario Zip K2H 7T8  Country Canada Telephone (613) 828 0012 Fax (613) 828 0024  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of 31 the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more iman one signeture is recuired, see below.	Thor				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Adams Cassan Maclean  Individual Name  Address  City  Ottawa  State  Ontario  Zip K2H 7T8  Country  Caneda  Telephone  (613) 828 0012  Fax (613) 828 0024  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.75(b) is enclosed. (Form PTO/S6/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of 32 the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms of more iman one signeture is recuired, see below.				32378	
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or   Adams Cassan Maclean	P. 50	continaciean		39543	
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or   Adams Cassan Maclean					
The above-mentioned Customer Number.  OR  Adams Cassan Maclean Individual Name Address P.O. Box 11100, Station H  Address City Ottawa State Ontario Zip K2H 7T8  Country Canada Telephone (613) 828 0012 Fax (613) 828 0024  I am the:  X Applicant/inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.75(b) is enclosed. (Form PTO/S6/96).  SIGNATURE of Applicant or Assignee of Record  Name Signature Date  Date  Note: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					o transact all
Address P.O. Box 11100, Station H  Address City Ottawa State Ontario Zip K2H 7T8  Country Canada  Telephone (613) 828 0012 Fax (613) 828 0024  I am the:  X Applicant/inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signeture is required, see below.	The above-		re-identified	application to:	
Address  City  Ottawa  Country  Canada  Telephone  (813) 828 0012  Fax (613) 828 0024  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96).  SIGNATURE of Applicant or Assignee of Record  SCHELLENBERG, John James  Signature  Date  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Address  City Ottawa State Ontario Zip K2H 7T8  Country Canada Telephone (613) 828 0012 Fax (613) 828 0024  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96).  SIGNATURE of Applicant or Assignee of Record  Name Signature Date  NoTE: Signatures of all the inventora or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		P.O. Box 11100, Station H			
City Ottawa State Ontario Zip K2H 7T8  Country Caneda  Telephone (813) 828 0012 Fax (613) 828 0024  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96).  SIGNATURE of Applicant or Assignee of Record  SCHELLENBERG, John James  Name  Signature  Date  NOTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:	<u> </u>				
Country  Canada  Telephone (613) 828 0012  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NoTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		Otlawa	Cento	Ontario	7:0 K2H 7T8
Telephone (613) 828 0012  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/S8/96).  SIGNATURE of Applicant or Assignee of Record  SCHELLENBERG, John James  Signature  Date  NoTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		Canada	5613		
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.75(b) is enclosed. (Form PTO/S6/96).  SIGNATURE of Applicant or Assignee of Record  SCHELLENBERG, John James  Signature  Date  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		(813) 828 0012	Fax	(613) 828 0024	
SCHELLENBERG, John James  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I am the:  Applican  Assigned	e of record of the entire interest. See 37 (	OFR 3.71.		
SCHELLENBERG, John James  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		SIGNATURE of Applicant or A	Assignee of	Record	
Date  NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name	SCHELLENBERG, John James			
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature	ylon	7		
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Date	Now 30/2001			
Ø 'Total of 2, forms are submitted.	NOTE: Signatures of all forms if more than one s	the inventors or assignees of record of the entire i	nterest or their	representative(s) ar	e required. Submit multiple
	SO Total of 2	, forms are submitted.			

Burden Hour Statement: This form it eatimated to take 3 minutes to complete Time will valve extending upon the needs of the individual case, any comments on the amount of time you are required to complete this form choose to the Chief information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ACORESS SEND TO Accledate Communication of Fatenta, Washington, DC 20231,

Please type a plus sign (+) Inside this box	<b></b>	+	-
---	---------	---	---

ADAMS CASSAN MACLEAN

PTO/SB/81 (10-00)
Approved for use through 10/31/2002, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	YEAP, Tet Hin
Group Art Unit	
Examiner Name	
Attorney Docket Number	AP824/US

I hereby appoint:			
Practitioners a  OR Practitioner(s)	t Customer Number		Place Customer Number Bar Code Label here
	Name	Daela	testine Niverb
Thomas Ad		Regis	tration Number 31078
Lynn S. Ca	essan		32378
P. Scott Ma	aclean		39543
as my/our attorney(s) business in the United	or agent(s) to prosecute the app d States Patent and Trademark	olication identified above Office connected therev	e, and to transact all with.
The above-mention	rrespondence address for the aboned Customer Number.	ove-identified application	on to:
OR	Adams Cassan Maclean		
Firm or Individual Name	Adams Cassan Waclean		
Address	P.O. Box 11100, Station H		
Address			
City	Ottawa	State Ontario	Zip K2H 7T8
Country	Canada	Ciete	1 210 11211110
Telephone	(613) 828 0012	Fax (613) 82	8 0024
I am the:  X Applicant/Inven  Assignee of rec  Statement unde	otor. Ford of the entire interest. See 37 For 37 CFR 3.73(b) is enclosed. (I	7 CFR 3.71. Form PTO/SB/96).	
	SIGNATURE of Applicant of	r Assignee of Record	
YEAP,	Tet Hin		
Signature	Jean ant (5)	-	
Date	Nov. 30 201	01	
NOTE: Signatures of all the Invel forms If more than one signature	ntors or assignees of record of the entire	e interest or their representat	lve(s) are required. Submit multiple
(7)	rms are submitted.		

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.